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The Concept of Multiphasic Screening

By A. L. Chapman, M. D.*

As tests for specific diseases have been perfected, methods have been developed for applying these tests on a mass basis. The chest X-ray for tuberculosis and the serological test for syphilis are typical examples of tests suitable for mass application. Recently a quick and economical method of testing small samples of blood for sugar has been worked out thus making it possible to screen out people in whom the index of suspicion for diabetes is high. In nutrition surveys it has been common practice to determine hemoglobin levels which give some indication of the presence or absence of anemia. Vision and hearing testing is routinely done in school examinations, and in some pre-employment examinations. The taking of blood pressures, a relatively simple procedure, is a common practice in hospitals, physicians' offices, and during physical examinations.

Until recently, mass testing of the population, using the tests and procedures mentioned above, has been limited in many areas to one test or to one procedure. There have been separate mass surveys for tuberculosis, for syphilis, and for nutritional deficiencies. It is perfectly logical now for public health administrators to ask the question, "Why not combine as many of these tests as practical into a battery of tests, reduce the over-all cost of administering them, and thereby encourage universal usage?"

The cost of organizing a community and educating the public to the point where individuals will report for a screening examination should be proportionately less than separately organizing the community for each individual test. A single person may be examined for two, or three, or a half dozen diseases, at one time, thus making it unnecessary to have him report to several different centers at various times for single examinations. This consolidation of testing procedures results in a considerable saving in administrative expense.

Another source of economy in a multiphasic screening program is in the cost of personnel. By multiplying the number of examinations on a single specimen of blood, more examinations may be made in

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a given unit of time by one person than when the number of examinations is limited. If one specimen of blood is examined for evidence of syphilis, diabetes, and anemia, blood has to be drawn only once and only a single specimen has to be examined. The same thing is true of the chest X-ray. It takes only a little more time for the radiologist trained in cardiology and tuberculosis to examine the chest film for evidence of heart disease and lung pathology other than tuberculosis than it does to examine the film for evidence of tuberculosis alone.

By setting up a battery of tests certain personnel may serve double duty. Height and weight may be taken by personnel assisting in the other procedures. One technician may test both for vision and hearing defects. In other words, the duties of a large staff may be arranged in such a way that neither time nor effort is lost.

A contemplated advantage of the multiphasic screening program is that it may be adapted to the resources, in terms of personnel and facilities, that are locally available. When resources are extremely limited, the program may have to be an exceedingly simple one. For example, the multiple testing may be limited to blood examina-These blood screening tests will indicate those in the examining line who should be examined by physicians for syphilis, diabetes, and anemia. If X-ray equipment and technicians are available, a chest X-ray for tuberculosis, heart disease and lung pathology may be added. Or a more elaborate series of tests may be set up with little added expense—a series that would include, in addition to the chest X-ray and blood examination, the taking of height, weight, and blood pressure; vision and hearing testing; and even the determination of intraocular pressure in adults to detect the presence of glaucoma. When local health personnel and facilities are meager or lacking, the detection of early cases of chronic illness is nevertheless valuable in order to delineate the problem.

Multiphasic screening examinations are not intended to screen out of the population every case of diabetes, syphilis, tuberculosis, and the other diseases for which tests are made. It is intended, rather, to screen out in the most economical fashion many thousands of cases that would not otherwise be found. Although for practical purposes a screening test may be a diagnostic test, the whole screening procedure is not intended to result in the actual and immediate diagnosis of disease. It is intended to raise the index of suspicion for a disease so that additional tests will be done. The diagnosis is made or rejected by the private physician or by the diagnostic clinic.

The multiphasic screening program can become very useful in the control of the chronic diseases which, at the moment, are receiving emphasis because of the rapid increase in the size of our older popula-

tion. Lacking adequate means of preventing many of the chronic diseases, early diagnosis and early treatment constitute a very effective operation which health departments can undertake in this field. Hypertensives, diagnosed early, can frequently be kept under control by diet therapy. Diabetics can certainly lead a reasonably normal life if found early and placed under adequate medical supervision. The availability of antibiotics for the treatment of syphilis makes the development of the late manifestations of syphilis almost inexcusable. Even cardiacs may be benefited if their cardiac pathology is known and evaluated in time.

The productiveness of a multiphasic screening program can be estimated by a study of prevalence statistics. Based on national estimates, a screening examination of 1,000 apparently well people over the age of 15 for syphilis, diabetes, glaucoma, anemia, tuberculosis, obesity, vision defects, hearing loss, hypertension, and heart disease would result in finding 976 cases of these diseases or pathological physical conditions. Some of the 1,000 people screened probably would have two or more of these diseases or conditions, whereas others would have none. For example, one person might have syphilis and diabetes; another might have a significant refractive error and glaucoma; and still another might be obese and hypertensive.

The distribution of the cases would be as follows: there would be 48 cases of syphilis; 22 cases of diabetes; at least 20 people would have glaucoma (more than 3 percent of the population over 40); 75 would be anemic; 18 or more would have tuberculosis: 200 would be obese; in 266, vision defects would be found; 250 would have a partial hearing loss; hypertension would be present in 38; and at least 39 would have heart disease.

Many of these cases ordinarily may not come to the attention of physicians until definite signs or symptoms have developed. In every community today many people with a chronic disease or a remediable disability, such as faulty vision or a progressive aural disease, are going about their work unaware of the fact that there is anything seriously wrong with them or that they will eventually become hopelessly ill, or permanently disabled. By the time signs and symptoms, which send them to their physician, do develop, much valuable time has been lost and irreversible pathology has been established.

A multiphasic screening program is designed to refer many more persons to physicians for diagnosis and treatment at an earlier stage of their disease than now go of their own volition. These persons will go to physicians not after a chronic illness has rendered them permanently disabled, both economically and physically, but at a time when prompt treatment can assist them to maintain their physical and October 21, 1949 1314

economic integrity. This is as important to the physician as it is to the patient.

From the point of view of the taxpayer a multiphasic screening program would be highly desirable. The early detection of persons with a chronic illness makes early treatment possible. This in turn decreases the number of days of hospitalization, and the total amount of medical care required. It therefore lessens the financial burden placed on public agencies that have to provide medical and hospital care for the indigent sick. Another factor of importance is that the prevention of the late complications of chronic illness makes it unnecessary to provide the services of as many able-bodied attendants to care for immobilized patients in hospitals and in the home. The service of these attendants places a heavy financial burden on taxpayers and at the same time makes these attendants unavailable for productive employment.

From the point of view of the health officer, the multiphasic screening program provides an opportunity to increase the quantity of tangible services such as those provided so creditably by the tuberculosis control, venereal disease control, maternal and child health, and other similar programs. Too much that the health department does is hidden from public view. It is not hard for the taxpayer to appreciate the value of a fire department as he watches a fire being extinguished nor the alertness of the police department when a criminal is apprehended. It is far more difficult for the taxpayer to realize that his water supply is protected by the application of complex purification methods; that his milk supply is made safe by pasteurization and by periodic examinations; and that many of the acute infectious diseases have been controlled by the efforts of public health workers and the medical and allied professions.

The multiphasic screening program makes an undeniable appeal to the individual who may be ill, to the physician, to the public health worker, and to the taxpayer. It will foster better teamwork among them all. It will reduce the cost of chronic illness in terms of money and in terms of human misery. There are few communities so devoid of public health, medical and hospital resources, that they cannot support some type of multiphasic screening program. All that is needed is a clear concept of what constitutes a multiphasic screening program and the will to adapt it to local needs.

Undergraduate Sanitary Engineering Training in the United States

By CONRAD P. STRAUB, Ph. D.*

Studies of undergraduate sanitary engineering training have been made in the past by the Public Health Service (1, 2, 3). The last of these, made by Arthur P. Miller, reported data pertaining to the 1936–1937 school year, and appeared in 1939.

To obtain information on the changes in sanitary engineering education since 1939, a canvass was made in 1946–1947 of American educational institutions offering degree or option courses in sanitary engineering. Letters of inquiry were directed to 36 schools offering such courses. These institutions were listed in a pamphlet entitled, "Employment Opportunities in Public Health" (4). This list and also a list appearing in Engineers' Council for Professional Development (5) are included in appendix I.

Thirty-two of the 37 1 schools originally canvassed submitted catalogs and other pertinent data. Of this number, 22 offered undergraduate sanitary engineering courses and their data were tabulated. Complying with the suggestion that the material be brought up to date and completed, inquiries were again directed to 34 schools offering undergraduate training in sanitary engineering and replies were received from 29. Data had been received in the earlier study from the five institutions that did not reply to this second series of inquiries.

Subject Matter in Course

The undergraduate sanitary engineering curricula of 29 institutions are summarized in table 1 on the basis of percentage of time allotted to the various subjects in the course. The courses of study have been listed more or less according to subject matter and then combined into the six classifications: cultural, pure science, general engineering, sanitary engineering, public health, and miscellaneous. The percentage of undergraduate time allocated to each of these groups, computed on the basis of the credit hours required for a degree, is included in tables 1, 2, 3, and 4. In the preparation of tables 1 and 2, the Public Health Service pattern of grouping subjects was employed (3). Since pure science courses, such as bacteriology,

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¹ The curriculum of the Newark College of Engineering was included even though this institution is not listed in reference 4. The writer learned that an option in sanitary engineering was to be offered effective 1946-47, and included the proposed sanitary engineering curriculum.

biology, quantitative, organic and physical chemistry, etc., are akin to the work of the sanitary engineer, they are included with the sanitary engineering group of subjects in table 3.

Differences resulting in the percentages of time allocated to each of the groups are shown in the chart. For comparison, the percentage break-down of the various groups comprising the civil engineering course are indicated in the chart and table 4.

Discussion

Detailed study of tables 1, 2, 3, 4 and the chart indicate the following average conditions:

Sanitary Engineering (a)—pure science subjects beyond general chemistry not included as part of sanitary engineering groups of subjects. The data obtained from the 29 undergraduate institutions show the following percent of time allocations in the groups listed.

Group	Percent of Time Allocated				
-	Average	Maximum	Minimum	Median	
Sanitary engineering	9. 4	15. 0	3. 7	9. 3	
Public health	0. 3	2. 1	0	0	
Pure science	29. 7	40. 4	21. 7	2 9. 0	
General engineering	39. 5	54. 0	2 1. 1	41. 1	
Cultural	16. 3	27 . 9	5 . 6	16. 4	
Miscellaneous	4. 8	14. 5	0	5 . 2	

Approximately 10 percent of the time is devoted to a study of sanitary engineering subjects, 30 percent to pure science subjects, 40 percent to general engineering subjects, 16 percent to cultural subjects and 5 percent to miscellaneous subjects. Wide differences are noted in the various curricula in the ranges indicated by the maximum and minimum values. Sanitary engineering subjects ranged from 3.7 to 15.0 percent. The median, or central value, shows remarkable agreement with the mean or average value.

Sanitary Engineering (b)—including all chemistry beyond freshman chemistry, bacteriology, biology, etc. The percent of time allocations on this basis were as follows:

Group	Percent of Time Allocated					
•	Average	Maximum	Minimum	Median		
Sanitary engineering	14. 3	32 . 0	6. 7	1 2 . 1		
Public Health	0. 3	2. 1	0	0 .		
Pure science	24 . 8	27 . 9	21. 4	24 . 6		
General engineering	39. 5	54 . 0	21. 1	41. 1		
Cultural	16. 3	27 . 9	5. 6	16. 4		
Miscellaneous	4.8	14. 5	0	5. 2		

With the pure science subjects added to the sanitary engineering curriculum, the percent of time allocated to the sanitary engineering group of subjects is increased to approximately 15 percent; the percent of time devoted to pure science subjects is decreased to 25 percent,

Table 1. Percent of time allocated to subjects in undergraduate courses in sanitary engineering in United States engineering colleges, 1946-49

	Cultural	Pure science	General engineering		Sanitary engineering	Public Miscella- Health neous	Totals
College	Citizenship Economics English History Languages Law Public speaking Electives	Bacteriology Biology Chemistry Geology Mathematics Minerology Physics Zoology Coment, masonry, concrete Civil engineering laboratory	Civil engineering reports Construction Contracts and specifications Contracts and specifications Costkeeping and management ment Electrical engineering Engineering development Engineering drawing Engineering practice Engineering problems Highways Hydraulies or fluid mechanics Mechanical Mechanics Public utilities engineering Railroad engineering	Seminar Shop work Soil mechanics Structures Surveying Water power Administration Advanced sanitary engineering Applied sanitary science and municipal and State sanitation Biological examination of Financing sanitary utilities	Hydraulics and sanitation Industrial hygiene Industrial wastes Microbiology of sewage Municipal sanitation Plant operation Plant operation Public health engineering Sanitary engineering de- Sanitary engineering field 'work Sanitary engineering field 'oratory engineering field 'anitary engineering field 'sanitary engineering field 'sanitary engineering problems Sanitary engineering problems Sanitary engineering problems Sanitary engineering problems Sanitary engineering problems Sanitation Sanitation Sanitation Sanitation Sanitation of buildings Sanitation of buildings Sanitation of buildings Sanitation and sewage chembare and sewage chembare and sewage chembare contertreating treating tr	mont Public health Sanitary science Military science—drill Physical education Total credit hours Cultural	Pure science General ongineering Sanitary engineering Public health Miscollaneous
Alabama University California University		1 7.7 2.1 12.8 6.4 2.1 3.0 11.8 2.2 8.9 8.9 1.5 2.2	1.3 2.1 0.4 3.8 2.1 2.1 1.3 3.3 1.3 3.3 2.1 2.1 1.5 3.7 3.7 2.2 4.4	2.1 6.0 3.8	1.3 1.5 4.4 1.5 1.5 1.5 1.5 1.5 1.5 1.5	1.3 2.1 2.6 234 23.1 1.5 135 7.4	29. 0 35. 5 7. 7 2. 1 2. 6 3. 39. 3 12. 6 5. 9 B. S. in engineering (sanitary option). B. S. (sanitary option).
1. Alabama University 2. California University 3. Case Institute of Technology 4. Colorado State College 5. Cornell University 6. Georgia Institute of Technology 7. Harvard University 8. Illinois University 9.	1.7 7.4 3.7 or 3.7 1.7	0.0		410	•1.2 •1.2 0.8 1.2 1.2 3.3	5.0 2.5 242 14.5	34.7 33.1 10.3 7.4 B. S. in civil engineering (sanitary option).
7. Harvard University 4	4.2 2.1 6.9 1.4 1.4 1.4	1.7 3.3 8.3 1.7 12.4 7.4 3.3 4 2.1 5.5 1.4 12.4 6.9 3.5 6.9 3.5	1.2	11.8 6.9	2.1 1.4 2.1 2.1 2.1 2.1	2.8 2.8 144 5.6 1.4 2.8 145 11.7	35.4 44.4 9.0 5.6 B. S. in sanitary engineering. 26.2 48.3 11.0 2.8 B. S. in civil engineering.
9. Iowa State University 10. Johns Hopkins University 11. Kansas University 12. Kentucky University 13. Lehigh University 14. Louisiana State University	2.1 5.7 1.4 3.5 4.3	3.5 5.7 2.1 12.7 7.0 7.8 3.5 15.6 10.8 1.7 10.8 7.8 3.5 2.6	2.1 b 0.7	4 0.7 0.7 1.4 i 7.1 5.6 i 2.1 2.8 i 1.7 d 0.4 d 0.4 d 1.7 l i 6.8 d 4.1 2.1	0.9 1.7 1.3 1.3 1.3 2.1 2.1	1.3 1.7 5.2 1.3 231 13.9 5.5 146 21.2	31.2 44.0 8.5 1.4
14. Louisiana State University 15. Maine University 16. Manhattan College*		8 2 15.6 9.5 6.8 2.7 5.1 3.2 11.5 7.7	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	1.9 9.0 9.0 9.0 40.6 2.4 5.4 5.9	2.0 2.0 4.1 2.7 4.5 3.6 2.6 2.6 2.6 2.6 2.6 2.6 2.6 2.6 2.6 2	4.5 156 18.6 168 22.0 5.2 174 13.8	30.8 41.6 4.5 4.5 B. S. (civil engineering. 24.4 44.0 9.5 B. of civil engineering.
15. Maine University 16. Manhattan College* 17. Massachusetts Institute of Technology 18. Michigan State College 19. Michigan University* 20. Minnesota University*	1.7 3.5 3.5 5.2 70.4 3.5 5.2 70.4 3.5 5.2 70.4 3.5 3.5 70.4 3.5 70	6.4 6.9 11.0 1.7	3.5 1.2 3.8 4.9 2.3 3.5	d 0.9 1.4 0.9 2.8 4.9 d 0.4 1.1 5.9 10.4 d 0.4 1.1 5.9 10.0	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	1.5 2.9 137 13.1 0.7 271 22.9 1.2 1.8 1.7 27.9	24.1 45.1 11.8
21. Newark College of Engineering 22. New York University 23. North Carolina State College* 24. North Carolina University 25.		5 7.0 1.2 12.8 7.0 1.2 3 5.2 1.3 9.8 6.5 2.6 1.7 0.8 5.0 1.3 12.5 5.0 2.5	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	2.0 5.9 7.8 1.3 1.3 1.3 1.3 1.3	1.3 1.3 1.3 1.3 1.3 2.5 2.5 2.5 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3		
19. Michigan University 20. Minnesota University 21. Newark College of Engineering 22. New York University 23. North Carolina State College 24. North Carolina University 25. Oklahoma A. & M. College 26. Oregon State College 27. Pennsylvania State College 28. Purdue University 29. Rutgers University 30. Santa Clara University 31. Stanford University 32. Texas A. & M. College 33. Texas A. & M. College	3.7	1.4 4.3 11.6 4.3 1.9 2.8 7.6 2.1 12.4 6.9 2.8 2.5 5.0 1.2 11.3 5.4 2.5 1.8 10.4 2.5 9.8 4.9 4.3 1.8	1.4 1.4 1.4 72.9 2.9 2.8 4.3 1.4 4.3 1.4 2.9 4.1 4	1.9 5.8 5.8 5.8 40.6 1.2 1.9 7.7 6.9 1.8 2.5 9.2	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	5. 6 2. 9 160 18. 8 163 12. 9	21.7 43.0 5.8 14.5 B. S. in C. E. (sanitary option). 31.7 29.7 13.8 6.9 B. S. in sanitary engineering. 25.4 39.0 8.3 8.5 B. of civil engineering (sanitary option). 33.7 35.6 12.9 4.9 B. S. in sanitary engineering. 4.9 B. S. in sanitary engineering. 4.3 B. of civil engineering.
30. Santa Clara University 31. Stanford University 4. 32. Texas A. & M. College 33. Texas University 34. Washington State College	2.1 5.7 0.7 0.7 7.1 7.1 1.9 6.3 1.9 0.6 7.6 m0.6 8.2 8.2 6.7 6.7 m0.3 6.7 m0.3	6.2 4.1 10.3 2.1 9.6 8.2 2.7	2.9	4.4 7.6	1.9 1.9 1.9 1.9 1.9 1.9 bb 3.8 3.7		40.4 33.6 5.5 B. S. in civil engineering (Samualy).
33. Texas University 34. Washington State College 35. Washington University 36. West Virginia University 37. Wisconsin University	1.5 7.5 1.5 4.0 4.0 4.0 4.0	3.0	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	1.5 9.0 6.0	1.3 1.5 2.5 3.9 3.3 2.6 2.0 2.1 2.5 2.1 2.5 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1 2.1	1.5 5.2 1.3 154 9.1	27.3 49.0 7.0 1.5 9.0 B. S. in civil engineering. 23.5 44.5 7.0 1.5 9.0 B. S. in civil engineering (sanitary option). 29.2 45.5 9.7
	· · · · · · · · · · · · · · · · · · ·		¹ Sanitary engineering course discontinued. ² No sanitary engineering course.	³ Sanitary engineering option discontinued—5-year engineering course.	4 Graduate only. 5 No sanitary option. 7 Introduction to civil angineering	dd Accounting.	

* 1946–47 curriculum.

* Includes 1.3% for engineering economics.

b Humanities.

· Includes 0.4% for seminar.

d Included in sanitary engineering total.

• 1.2% for domestic engineering.
• 1.2% for industrial sanitation.
• Includes 2.1% for transportation engineering.
• 0.7% for engineering lectures.
• Include 3.1.4% for foundations.

i 2.1% for industrial administration.

k 1.4% for sanitary chemistry.

l Includes 1.7% for bacteriology of water and sewage.

Included with general engineering total.

Includes 1.4% for foundations.

Includes 2.7% for bacteriology of water and sewage.
Includes 1.7% for engineering construction.
Includes 4.1% for history of civilization.
Included with general engineering total.
Includes 1.4% for contractor's proposals.

Includes 1.5% for structural drafting.
 Orientation.
 Includes 1.2% for river and harbor structures.
 Includes 1.3% for engineering metallurgy.

y Introduction to civil engineering.

Includes hydrology.

Bacteriological examination of water.

Brechnical electives.

Humanities.

dd Accounting.

•• Engineering society.

"Foundations.

■ Includes 1.3% for structural drafting.

bb Includes 0.7% for substructures.

Table 2. Percentage of time allocated to various groups of subjects—sanitary engineering (a)

		₆ ()					
	School	Sanitary engi- neering	Public health	Pure science*	General engi- neering	Cultural	Miscel- laneous
2. (C S S S S S S S S S S S S S S S S S S	Alabama University California University Georgia Institute of Technology Illinois University Illinois University Iowa State University Kentucky University Lehigh University Lehigh University Louisiana State University Maine University Manhattan College Massachusetts Institute of Technology Michigan State College Michigan State College Michigan University Minnesota University Minnesota University Minnesota University Nowark College of Engineering New York University North Carolina State College Pennsylvania State College Pennsylvania State College Purdue University State Clara University State College Vexas A. & M. College Vexas University Washington University West Virginia University West Virginia University Visconsin University Visconsin University	12.6 10.3 9.0 11.0 6.9 6.2 2 15.0 11.0 8.2 6.4 9.5 8.2 9.6 5.8 13.8 3 12.9 9.3 13.3 3 5.5 7 7.0 9.7	1.4 1.7	35. 4 26. 2 31. 2 40. 3 32. 9 40. 1 30. 8 24. 4 24. 1 29. 0 30. 6 24. 7 27. 9 22. 9 26. 4 21. 7 31. 7 35. 5	35. 5 39. 3 33. 1 44. 8. 3 44. 0 30. 7 34. 2 21. 1 41. 6 44. 0 45. 1 32. 2 42. 4 41. 7 37. 8 41. 1 33. 9 43. 0 29. 7 35. 6 42. 1 39. 3 33. 6 42. 5 54. 0	23. 1 7. 4 14. 5 5. 6 11. 7 14. 9 21. 2 17. 0 18. 6 22. 9 27. 9 21. 6 22. 6 15. 0 17. 9 18. 4 20. 5 18. 4 20. 5 21. 6 6	2.8 6.55 6.85 4.5 7.0 2.9 0.7 2.7 14.5 6.9 8.5 4.9 4.3 2.5
	Average	9. 4	0. 3	29. 7	39. 5	16. 3	4.8

^{*}All pure science subjects included here. See table 1 for pure science subjects.

Table 3. Percentage of time allocated to various groups of subjects—sanitary engineering (b)

School	Sanitary engi- neering*	Public health	Pure science	General engi- neering	Cultural	Miscel- laneous
Alabama University California University	20.0	2.1	26. 5 27. 5	35. 5 39. 3	23. 1 7. 4	2. 6 5. 9
6. Georgia Institute of Technology	18.1		26.4	33.1 44.4	14. 5 5. 6	7.4 5.6
9. Iowa State University 11. Kansas University	12.1	1.4	26. 2 27. 6	48.3 44.0	11.7 14.9	2.8
12. Kentucky University 13. Lehigh University	15.1	1.7	24.7 24.0	30. 7 34. 2	13. 9 21. 2	6. 5 5. 5
14. Louisiana State University	32. 0 10. 9		23. 1 24. 5	21. 1 41. 6	17. 0 18. 6	6.8 4.5
16. Manhattan College 17. Massachusetts Institute of Technology	11.8		22. 6 24. 1	44. 0 45. 1	22. 0 13. 8	5. 2
18. Michigan State College 19. Michigan University	13. 9		22. 4 27. 8	32. 3 42. 4	16. 8 13. 1	7. 0 2. 9
20. Minnesota University 21. Newark College of Engineering	8.7	1.8	21. 4 25. 6	41. 7 37. 8	22. 9 27. 9	0. 7
22. New York University 23. North Carolina State College	12.1		22. 9 23. 8	41. 1 33. 9	21. 6 22. 6	5. 2 7. 5
26. Oregon State College	18.6		20. 3 26. 9	43. 0 29. 7	15. 0 17. 9	14. 5 6. 9
28. Purdue University 29. Rutgers University	24.5		23. 0 22. 1	39. 0 35. 6	18. 7 12. 9	8. 5 4. 9
30. Santa Clara University 32. Texas A. & M. College	15.2		27. 9 24. 6	42. 1 39. 3	16. 4 18. 4	4. 3 2. 5
33. Texas University 34. Washington State College	6.7		25. 4 24. 3	33. 6 49. 0	20. 5 13. 3	6. 7
35. Washington University 36. West Virginia University	11.7	1. 5	23. 5 27. 3	44. 5 45. 5	14. 5 9. 1	9. 0 6. 5
37. Wisconsin University			25. 7	54.0		
Average	14.3	0.3	24.8	39. 5	16.3	4.8

^{*}Sanitary engineering includes pure science subjects such as bacteriology, biology, all chemistry beyond freshmen chemistry, etc.

Table 4. Percentage of time allocated to various groups of subjects—civil engineering curriculum

School	Sanitary engineer- ing	Pure science	General engineer- ing	Cultural	Miscel- laneous
1. Alabama University ¹ 2. California University ¹ 3. Case Institute of Technology ² 4. Colorado State College 5. Cornell University ³ 8. Illinois University . 9. Iowa State University . 11. Kansas University . 12. Kentucky University . 13. Lehigh University . 14. Louisiana State University . 15. Michigan State University . 16. Michigan State College ² 17. Massachusetts Institute of Technology . 18. Michigan State College ² 19. Minnesota University . 11. Newark College of Engineering . 12. New York University . 13. North Carolina State College ² 15. Oklahoma A. & M. College ² 16. Oregon State College ³ 17. Purdue University . 18. Purdue University . 19. Santa Clara University . 19. Santa Clara University . 10. Santa Clara University . 10. Santa Clara University . 11. Texas A. & M. College . 12. Texas A. & M. College . 13. West Virginia University . 14. Wisconsin University .	2544499631116326533147988753 444232553314798753	25. 9 27. 2 25. 8 24. 1 20. 5 26. 6 28. 9 27. 8 28. 3 24. 0 23. 8 22. 0 23. 8 22. 0 25. 1 28. 4 20. 3 21. 0 22. 1 28. 4 20. 3 21. 5 22. 5 25. 6 26. 6 27. 8 27. 8	44. 8 60. 3 45. 4 42. 1 9 55. 2 55. 7 47. 6 45. 9 50. 2 52. 7 51. 0 47. 6 41. 5 44. 4 40. 7 49. 3 49. 0 64. 6	24. 5 3. 7 19. 0 24. 1 7. 7 12. 9 13. 3 20. 6 15. 0 13. 8 24. 6 21. 8 23. 8 24. 6 21. 8 24. 6 21. 8 24. 6 21. 8 24. 6 21. 8 25. 16. 8 26. 6 27. 8 27. 8 28. 16. 8 28.	5.3 7.4 5.4 14.5 8.5 4.3 2.5 6.7 6.5

¹ Construction option.

and the others remain the same. The maximum and minimum values in the pure science category show a relatively small range indicating that, in general, the time allotted to this field of subjects is about equal at all institutions (21 to 28 percent). As before, wide differences are noted in the other categories, and the median and mean, or average values, are approximately equal.

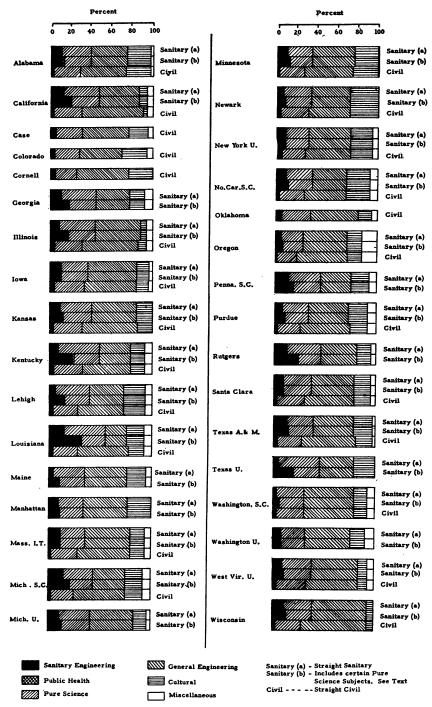
Civil engineering. The percent of time allocated to each of the groups of subjects was as follows:

Group	Percent of Time Allocated				
_	Average	Maximum	Minimum	Median	
Sanitary engineering	3.8	6. 1	1. 4	3. 7	
Pure science	25. 6	29. 2	20. 3	25. 8	
General engineering	49. 5	64. 6	40. 7	49. 0	
Cultural	16. 4	26. 6	3. 7	16. 4	
Miscellaneous	4.8	14. 5	0	5. 4	

Approximately 4 percent of the time allotted in civil engineering curricula is devoted to a study of sanitary engineering subjects. These include primarily water supply and sewerage and sanitary engineering design. Of the remaining time, about 25 percent is assigned to pure science subjects, 50 percent to general engineering subjects, 16 percent to cultural subjects, and 5 percent to miscellaneous subjects. The range in maximum and minimum values is rather large in some instances as indicated by the tabulated values.

² 1946-47 data.

³ Structural option.



Bar diagram shows percent of time allocated to the groups of subjects: sanitary engineering, public health, pure science, general engineering, cultural, and miscellaneous. Comparisons are made with civil engineering courses.

A study of the 29 undergraduate sanitary engineering curricula listed indicates that courses in bacteriology are required at 20 institutions, in biology at 8, some form of sanitary chemistry at 10, sanitary engineering laboratory at 11, industrial wastes at 1, stream pollution at 1, and public health engineering or sanitary engineering at 13 institutions. These data indicate that there appears to be wide diversity of opinion as to what courses should be offered in sanitary engineering.

It is interesting to note the changes that have occurred in the last few years in the percentage of time allocated to the various groups of subjects when compared with similar data in the earlier reports (1, 2, 3). There appears to be a slight decrease in the percent of time devoted to sanitary engineering during the past 20 years, a decrease in public health and general engineering, and an increase in pure science and cultural subjects. The time allotted to cultural subjects has increased substantially since 1936-37. This trend is in line with the recommendation made by the American Society for Engineering Education Committee (6), "Introduction of a carefully planned and integrated stem of humanistic-social courses which would take about 20 percent of the students' time . . ."

Group	Average Percentages of Time Allotted to Subject Groups				
	194 6-49	1946–47	1936-37*	1929*	
Sanitary engineering	9. 4	10. 3	10. 3	12. 1	
Public health	0. 3	0. 3	1. 2	0. 7	
Pure science	29. 7	30. 4	28. 3	26. 9	
General engineering	39. 5	38. 7	44. 5	43. 5	
Cultural	16. 3	16. 1	9. 5	14. 2	
Miscellaneous	4. 8	4. 3	6. 1	2. 7	

^{*}Data taken from reference 3.

Included in appendix II for purposes of comparison is a sanitary engineering curriculum of study proposed by Alexander Szniolis (7) for use in Polish technological institutions.

Degrees Offered

A variety of degrees are offered to under graduate students completing the courses in sanitary engineering.² A total of fifteen different degrees is offered by the 29 institutions listed in table 1.

² The author has compiled information on the undergraduate courses offered in sanitary engineering at the several engineering colleges in the United States. A compilation is available without charge on request to the Public Health Service, Bureau of State Services, Washington 25, D. C.

Summary

Information on undergraduate sanitary engineering curricula at 29 American educational institutions is presented, and time allotted to groups of subjects is compared with that allocated to similar groups of subjects included in civil engineering curricula.

ACKNOWLEDGMENT

The author is very grateful to the college and university authorities and to the many professors who contributed their time to reply to the various inquiries.

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APPENDIX I

The following, taken from "Employment Opportunities in Public Health" (4), are institutions offering courses in sanitary engineering or sanitary engineering option of civil engineering, which have requested and have been accredited by the Engineers' Council for Professional Development:

University of California Case School of Applied Science Colorado State College Cornell University Harvard University University of Illinois State University of Iowa University of Kansas University of Kentucky Lehigh University Louisiana State University University of Maine Manhattan College Massachusetts Institute of Technology University of Wisconsin

Michigan State College University of Michigan New York University North Carolina State College Oklahoma Agricultural and Mechanical College Pennsylvania State College Purdue University Rutgers University Santa Clara University University of Texas State College of Washington West Virginia University

Partial list of other institutions offering instruction in sanitary engineering and public health engineering, in undergraduate option or as a graduate major, or both:

University of Alabama Oregon State University
Georgia Institute of Technology Stanford University

Johns Hopkins University Texas Agricultural and Mechanical

University of Minnesota College

University of North Carolina Washington University

A somewhat similar tabulation appeared in "Engineers' Council for Professional Development" (5).

Accredited Sanitary Engineering Curricula:

Harvard University ¹ Pennsylvania State College

Massachusetts Institute of Technology Rutgers University

Options as part of other accredited curricula noted:

University of California
Case School of Applied Science
Colorado State College
Cornell University
University of Illinois

Michigan State College
University of Michigan
New York University
North Carolina State College
Oklahoma Agricultural and Mechanical

State University of Iowa College

University of Kansas Purdue University
University of Kentucky University of Santa Clara

Lehigh University University of Texas

Louisiana State UniversityState College of WashingtonUniversity of MaineWest Virginia UniversityManhattan CollegeUniversity of Wisconsin

. . . .

APPENDIX II

Curriculum in sanitary engineering proposed by Szniolis (7) for use in Polish technical schools.

Subject	Hours per week				
	1st sei	nester	2d ser	nester	
1st year:	lecture	lab.	lecture	lab.	
Elements of higher mathematics	. 4	2 3	4 3 2	2	
Descriptive geometry General chemistry General and fluid mechanics	3 5	3 6	5		
General and engineering geology			2 3	1 1	
Drafting (engineering drawing) General hygiene English language	3		3 2		
Total	23	16	28	8	

¹ Accrediting applies only to curriculum as submitted to ECPD and upon completion of which a certificate is issued by Harvard University certifying that the student has pursued such curriculum.

² Accrediting applies to day and night curricula.

Subject

Hours per week

	1st semester		2d semester	
2d year:	lecture	lab.	lecture	lab.
Statistical methods for engineers. Physical chemistry. Analytical chemistry. General machinery. Strength of materials.	2	2		
Physical chemistry			3	
Analytical chemistry	1	15	1	16
General machinery	2			2
Strength of materials	z	1		4
Structures I Statics. Applied hydraulics.			7	6
Applied hydroulies			-	U
Regional geology				1
General higher	3		3	
General biology. Economics	3		u	
<u>.</u>				
Total	15	19	17	29
General sanitation	4			
General sanitation Sanitary analysis Microbiology and parasitology Hydrogeology and well drilling Water and sewent technology	2	4	2	4
Microbiology and parasitology	2	4	2	4 2
Hydrogeology and well drilling			2	2
Water and sewage technology Technology of industrial processes			4	
Technology of industrial processes			4	
Electrical engineering	1	2	2	2
Soil science and melioration in relation to sanitary engineering	2	. 2		
Technology of industrial processes Electrical engineering Soil science and melioration in relation to sanitary engineering Meteorology and climatology Water supply and sewerage				4
Water supply and sewerage	4			4
Structures (earthworks, foundations, reinforced concrete, and		_		
steel construction)	4	3		
Structures (earthworks, foundations, reinforced concrete, and steel construction) Rural construction			2	
Total				
4th year:				
Water and sewage technology Technology of industrial processes	2	4	2	2
Technology of industrial processes	4			
				9
Sanitation of food industries	2			
Control of disease vectors	3	1		
Control of disease vectors. Air conditioning. Industrial waste disposal.	4	2		
Industrial waste disposal			3	
Limnology and stream protection	2	1		
Community planning	1	1		
Construction of sanitary facilities	2	2		
Limnology and stream protection. Community planning Construction of sanitary facilities. Organization and execution of projects.			2	
Construction laws and specifications			2	
Public health organization and regulations	2			
Construction laws and specifications. Public health organization and regulations. Evaluation and design of sanitary facilities.			2	. 4
Thesis				18
Total	24	15	13	26

For convenience in comparing these data with those given in the body of the report, percentages of time allocated to the various groups of subjects have been computed and are tabulated below.

Percent of Time Allotted to Subject Groups

8	ianitary engir	reering		Sanitary engu	
	(a)	(b)		(a) ·	(b)
Sanitary engineering	28.3	39.7	General engineering	36. 5	36. 5
Public health	2.6		Cultural	3.0	3.0
Pure science	28 . 8	17.4	Miscellaneous	0. 9	0. 9

INCIDENCE OF DISEASE

No health department, State or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring

UNITED STATES

REPORTS FROM STATES FOR WEEK ENDED OCTOBER 1, 1949

A total of 1,855 cases of poliomyelitis was reported during the current week, as compared with 2,192 last week—a decrease of 337 cases, or approximately 15 percent (decrease last week 16.5 percent, same week last year 4.9 percent). The median figure of the corresponding weeks of the past 5 years is 976. Currently, decreases were reported in all of the 9 geographic divisions. Increases totaling 75 cases (none of more than 13 cases) were reported in 13 States. 23 States reporting more than 20 cases each are as follows (last week's figures in parentheses): Increases—Connecticut 40 (32), Indiana 36 (35), Iowa 56 (44), South Dakota 25 (18), Colorado 36 (33); decreases— Massachusetts 82 (143), New York 287 (288), New Jersey 65 (91), Pennsylvania 47 (59), Ohio 105 (125), Illinois 113 (135), Michigan 134 (170), Wisconsin 68 (87), Minnesota 89 (121), Missouri 27 (54), Nebraska 41 (51), Kansas 21 (32), Kentucky 33 (47), Arkansas 25 (26), Oklahoma 40 (43), Texas 67 (90), Washington 36 (44), California 117 (122).

For the year to date (39 weeks) a total of 33,144 cases has been reported, as compared with 19,174 for the same period last year and a 5-year median of 14,546. For the comparable periods of the 6 years 1943–48 (combined), approximately 72 percent of the combined totals for those years was reported.

During the week, 1 case of anthrax was reported in New York. Of 44 cases of infectious encephalitis, in 16 States, South Dakota reported 18, Colorado 5, and Oklahoma 4. Ten cases of Rocky Mountain spotted fever were reported in 8 States.

A total of 8,274 deaths was recorded during the week in 93 large cities in the United States, as compared with 8,444 last week, 8,326 and 8,413, respectively, for the corresponding weeks of 1948 and 1947, and a 3-year 1946-48 median of 8,326. For the year to date the total is 349,332, as compared with 351,511 for the same period last year. Infant deaths totaled 660, last week 703, same week last year 653, 3-year median 667. The cumulative figure is 25,145, same period last year 25,601.

Telegraphic case reports from State health officers for the week ended Oct. 1, 1949

[Leaders indicate that no cases were reported]

Rabies in animals		12	100		
Whoop- ing cough	ප පතියනී	150 127 168	76 7 96 158 59	1881	433 110 111 111 111 111 111 111 111 111 1
Typhoid and paratyphoid iever •	ю.	81.0	2011.03	2 8 1	
Tulare- mia			1	1	-
Small-					
Scarlet	20 20 20	d 26 12 21	63 11 11	71 6 48	4 12 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Rocky Mt. spotted fever			1		N N
Polio- myelitis	17 18 18 11 10 40	287 65 47	105 36 113 134 68	888 2441	1 13 8 13 7 7 7 7 13 13 13
Pneumo- nia	11 128	113 32 50	48 97 16 6	28 11 11 15	82782
Meningitis, meningo-	8	8 9	412	8 1111	H HH
Measles	21 6 12	50 35 22	10 10 41 38	21.00.444.70.0	10 240
Influenza		• •	999H9	12 12 11 12	6 10 10 10
Encepha- litis, infectious	1	1	1	2 1 18 1	3
Diph- theria	9	4 6	10 10 11 11	4 7 1 0	6 10 10 11 11 11 11 11 11 11 11 11 11 11
Division and State		MIDDLE ATLANTIC New York New Jersey Pennsylvania.	EAST NORTH CENTRAL Obio Indiana Illinois Michigan •	WEST NORTH CENTRAL Minnesota Towa Missouri Missouri North Dakota South Dakota Nebraska	SOUTH ATLANTIC Delaware Maryland o District of columbia Virginia West Virginia North Carolina Georgia Florida

Telegraphic case reports from State health officers for the week ended Oct. 1, 1949—Continued

					, , ,		
	Rabies in animals	6 9	1 14				
	Whoop- ing cough	28 15 15	9 48	222001003	21 16 98	1, 421 1, 728	46, 602 75, 875 (39th) Oct. 2 56, 635 102, 319
	Typhoid and para- typhoid fever •	12 4	© ∞014	β Q H	12	102 114	3, 226 3, 226 (11th) Mar. 19 3, 2, 452 2, 750
	Tulare- mia		9	9 1		13 14	918
	Small- pox					1	43 283 (35th) Sept. 3 10
	Scarlet	88 88 13	24 0 0	ь Барбы В стыбы	9 6 22	601 912	60, 690 90, 904 (32nd) Aug. 13 2, 420 4, 609
	Rocky Mt. spotted fever	1	1	-		10 10	497
	Polio- myelitis	33 8 10	25 7 67 67	12 16 26 14 14	36 17 117	1,855 976	133, 144 14, 546 (11th) Mar. 19 132, 228 14, 283
•	Pneumo- nis	14 25 8	12 7 12 158	6 6 11 11 10 110 110 110 110 110 110 110	20	696	60, 700
3	Meningitis, meningo-	888	60 44	. 100 1	4	22	2,818 4,799 (37th) Sept. 17 102 133
	Measles	14	નલ 7 વ્	22 0 0 0 0 0 0 0 1	14 15 33	509 612	590, 404 554, 446 (35th) Sept. 3 1, 886 2, 178
•	Influenza	10	28	01 82 23	3	1, 019 1, 111	81, 694 195, 844 (30th) July 30 5, 827 5, 647
	Encepha- litis, infectious		4-	11 11 02	1	28	483
	Diph- theria	15 10 14 12	4088	1 27	2	197 313	6, 267 8, 429 (27th) July 9 1, 499 2, 713
	Division and State	EAST GOUTH CENTRAL Kentucky Tennessee Alabama Mississippi W Ber SOITH CENTRAL	Arkansas Louisiana Oklahoma Texas MOUNTAIN	Montana Idaho Noming Colorado New Mexico Arteona Otah	PACIFIC Washington Oregon California	Total Median, 1944–48	Year to date 39 weeks Median, 1944-48 Seasonal low week ends. Since seasonal low week Median, 1944-45 to 1948-49 b.

Period ended earlier than Saturday.
 Pherhod ended earlier than Saturday.
 Phe median of the 5 preceding corresponding periods; for whooping cough, the corresponding periods are 1943-44 to 1947-48.
 Phe median of the 5 preceding corresponding periods; for whooping cough, the corresponding that the country is a latest of the control of the sease reported as strepto-coccal infection and septic sers throat.
 Including paratyphoid fever; enrech separates sollows: Virginis 1, Georgia 2, Florida 1, Tennessee 2, Texas 1, Wyoming 1, California 9.
 Casses reported as Salmonella infection, not included in the table were as follows: Missachuseits 3, New York 4.
 Poliomyelitz's Delayed report, Maryland, August onset 2 cases; deductions, Michigan, weeks ended August 20, and September 10, 1 case each.
 Anthrax: New York 1 case.
 Alaska: Septic sore throat 16.
 Hawail Territory: Measles 5, lobar pneumonia 1.

FOREIGN REPORTS

CANADA

Provinces—Notifiable diseases—Week ended September 10, 1949.— During the week ended September 10, 1949, cases of certain notifiable diseases were reported by the Dominion Bureau of Statistics of Canada as follows:

Disease	New- found- land	Prince Edward Island	Nova Scotia	New Bruns- wick	Que- bec	On- tario	Mani- toba	Sas- katch- ewan	Alber- ta	Brit- ish Co- lum- bia	Total
ChickenpoxDiphtheriaDysentery:			9 1		23 6	32	6	10	18	11 1	109 8
AmebicBacillaryEncephalitis, infec-					<u>i</u> -			4	-		1
German measles Influenza			1 25		1	5 2	1		5	1	3 13 28
Measles Meningitis, meningo- coccal			12	1	28	33	14	89	, 14	46	236
Mumps Poliomyelitis Scarlet fever Tuberculosis (all	2 2		10 8 1	3	3 34 23	36 81 10	3 13 3	21 16 6	5 10 10	31 15	109 182 55
forms) Typhoid and paratyphoid fever			2	6	75 7	22 2	14 1	14		52 5	185
Undulant fever Venereal diseases: Gonorrhea	6	6	14	14	í 100	59	1 25	6	34		15 5 264
Syphilis Whooping cough	3	2	5	16 1	38 73	22 61	3 6	6 5	4	4	99 151

GERMANY

Typhoid fever.—Information received through the American Consulate at Bremen, Germany, dated September 12, 1949, states that 169 cases of typhoid fever have been reported in the town of Dueren in the Rhineland. On August 31, 1949, approximately 230 cases were reported in the town of Krefeld, which is located about 13 miles from the city of Dusseldorf. Local doctors in the town of Waldbroel, near Gummersbach, state that there is an epidemic of typhoid fever in that town also.

JAPAN

Notifiable diseases—4 weeks ended August 27, 1949, and accumulated totals for the year to date.—For the 4 weeks ended August 27, 1949, and for the year to date, certain notifiable diseases were reported in Japan as follows:

Disease		s ended 27, 1949	Total reported for the year to date		
2.5500	Cases	Deaths	Cases	Deaths	
Diphtheria		43 1,898	9, 859 14, 565	996 4, 019	
Encephalitis, Japanesé "B" Gonorrhea Influenza	75 13, 101 47	20	91 123, 507 1, 824	29	
Malaria. Measies. Meningitis, epidemie	507 6, 851 102	5 31	2, 974 154, 401 1, 010	289	
Paratyphoid fever Pneumonia Scarlet fever	302 4, 420 208	10 7	1, 542 104, 850 3, 202	63 49	
smanpox. Syphilis Tuberculosis	11, 864 37, 270		120 132, 999 313, 846	12	
Typhoid fever Typhus fever Whooping cough	865 17, 720	115	4, 173 91 85, 832	507 6	

Note.—The above figures have been adjusted to include delayed and corrected reports.

KOREA

Encephalitis.—According to information dated September 22, 1949, incidence of encephalitis in Seoul, Korea, has dropped to a small figure, but is still high in surrounding Kyunggi Province. During the period September 19–21, 48 cases with 1 death were reported in Seoul, 130 cases, 65 deaths in Kyunggi Province. Definite reports from other areas were not available.

NORWAY

Notifiable diseases—June 1949.—During the Month of June 1949, cases of certain notifiable diseases were reported in Norway as follows:

Disease	Cases	Disease	Cases
Cerebrospinal meningitis Diphtheria. Dysentery, unspecified Encephalitis, epidemic Erysipelas Gastroenteritis. Gonorrhea Hepatitis, epidemic Impetigo contagiosa Influenza Laryngitis Malaria	294 124 1. 913	Measles Mumps Paratyphoid fever Pneumonia (all forms) Poliomyelitis Rheumatic fever Scables Scarlet fever Syphilis Tuberculosis (all forms) Whooping cough	2, 221 433 2, 168 112 1, 166 481 68 400 5, 018

SWITZERLAND

Notifiable diseases—April—June 1949.—During the months of April, May, and June 1949, cases of certain notifiable diseases were reported in Switzerland as follows:

Disease	April	Мау	June
Cerebrospinal meningitis.	4	7	10
Chickenpox	193 53	255 106	363 77
Dysentery			9
Encephalitis, lethargic Hepatitis, epidemic	1 19	20	33
Influenza	323	50	13
Malaria	891	939	1. 216
Mumps	256	198	327
Paratyphoid feverPoliomyelitis	5	11 12	34
Scarlet fever	588	491	837 377
Tuberculosis	341 2	315 5	317
Undulant fever	14	24	18
Whooping cough	474	634	695

REPORTS OF CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER RECEIVED DURING THE CURRENT WEEK

Note.—The following reports include only items of unusual incidence or of special interest and the occurrence of these diseases, except yellow fever, in localities which had not recently reported cases. All reports of yellow fever are published currently.

A table showing the accumulated figures for these diseases for the year to date is published in the Public Health Reports for the last Friday in each month.

Plague

China—Manchuria.—According to information received from Peiping, dated September 15, 1949, a telegram to Tientsin Municipal Health Bureau from North China People's Government Health Department, dated September 10, stated that plague had appeared in Liao Si, Ssu Ping Kai, Chang Tu, and other places in Manchuria. No figures were given in the report.

Java—Jogjakarta Residency.—During the period August 20—September 10, 1949, 75 fatal cases of plague were reported in Jogjakarta Residency, Java. During the week ended September 17, 4 fatal cases were reported in the city of Jogjakarta.

Madagascar.—During the period September 1-10, 1949, 15 fatal cases of plague were reported in Madagascar.

Union of South Africa—Cape Province.—During the week ended September 17, 1949, plague was reported in Hay District, Cape Province, Union of South Africa, as follows: 2 fatal cases (pneumonic) at Grove Farm, 3 suspected cases at Sterkfontein Farm.

Smallpox

Netherlands Indies—Java.—Smallpox has been reported in cities in Java as follows: Batavia, week ended September 10, 1949, 197

cases, 38 deaths, week ended September 17, 189 cases, 32 deaths; Bandoeng, week ended August 20, 84 cases, 19 deaths; Cheribon, week ended August 20, 91 cases, 33 deaths; Semarang, week ended August 27, 161 cases, 25 deaths, week ended September 3, 95 cases, 18 deaths, week ended September 10, 49 cases, 7 deaths, week ended September 17, 30 cases, 1 death.

The following information as to press reports dealing with the small-pox epidemic in Batavia and other parts of Java has been received from Batavia: Under date of August 12, 1949, it is stated that according to an article appearing in a local newspaper, 5,358 cases of smallpox (1,790 of which were said to have been fatal) had been reported in Batavia and neighboring areas since January, and an additional 1,469 cases, with 149 deaths, had been reported in the surrounding countryside; further information, dated September 6, quotes a news article which appeared on August 30, in a local newspaper as stating that the Pasundan Health Department had reported 10,000 cases registered in Pasundan. The report said that on August 10, 9,486 cases had been registered, including 365 cases in the city of Bandoeng.

Nigeria.—During the period June 19-July 30, 1949, 761 cases of smallpox with 126 deaths were reported in Nigeria.

DEATHS DURING WEEKS ENDED SEPT. 24 AND OCT. 1, 1949

[From the Weekly Mortality Index, Issued by the National Office of Vital Statistics]

Week ended Sept. 24, 1949	Corresponding week,	Week ended Oct. 1, 1949	Correspond- ing week, 1948
	8,079	8, 274	8, 326
8, 201		8, 326	
349, 323	351, 463		351, 511
709	651		653
651		667	
24, 857	25, 448	25, 145	25, 601
	,	1	•
70, 247, 170	70, 885, 689	70, 125, 164	70, 860, 825
			11, 156
	,		
8.5	8.9	8.8	8. 2
0.0		1	
0.2	9.4	9. 2	9.4
	8, 640 8, 201 349, 323 709	Sept. 24, 1949 ing week, 1948 8, 640 8, 079 8, 201 349, 323 709 651 24, 857 25, 448 70, 247, 170 70, 885, 689 11, 448 12, 120 8. 5 8. 9	Sept. 24, 1949 ing week, 1948 Oct. 1, 1949 8, 640 8, 201 349, 323 709 651 8, 326 349, 332 660 661 349, 332 660 660 667 24, 857 25, 448 70, 247, 170 11, 448 12, 120 11, 827 70, 885, 689 12, 120 11, 827 70, 125, 164 11, 827 8, 5 8, 9 8, 8

¹ 93 cities for week ended Oct. 1, 1949.